

Talking Points for Eligibility Call for Funding Opportunity Announcement (FOA) DP14-1417: Partnerships to Improve Community Health – CDC-RFA-DP14-1417

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1. Introduction and Welcome: Dr. Shannon Griffin-Blake

Welcome to the pre-application call regarding CDC's *Partnerships to Improve Community Health* Funding Opportunity Announcement, or FOA. My name is Dr. Shannon Griffin-Blake. I am the Program Development and Implementation Branch Chief within the Division of Community Health. I will be serving as a moderator for today's call. At the end of this call, you will have the opportunity to ask questions about this program. The answers to these questions and other Frequently Asked Questions or FAQs will be posted along with the script from today's call in the next couple of days at www.cdc.gov/chronicdisease/about/pich.

We hope this call and the information on the Website help applicants prepare to submit their required letters of intent – due June 5, 2014 -- and their subsequent applications – due July 22, 2014, 11:59 p.m. U.S. Eastern Daylight Time.

Before we begin, I will provide an overview of today's agenda and introduce you to the people you will be hearing from today.

- Dr. Ursula Bauer, Director of the National Center for Chronic Disease Prevention and Health Promotion, will provide an overview of the Funding Opportunity Announcement.
- Dr. Leonard Jack, Jr., director of the Division of Community Health, will provide an overview of the Division.
- I will discuss examples of the program activities, the expected outcomes, and an overview of strategies that we would like to see as part of this FOA.
- Dr. Robin Soler, Acting Evaluation Team Lead from the Division of Community Health will review the performance monitoring and evaluation requirements of this FOA.
- Ms. Dana Ewing, Grants Management Specialist from the Procurement and Grants Office at CDC will discuss submission procedures, including the letter of intent.

- Ms. Suzi Gates, Communications Team Lead from the Division of Community Health will lead us through the question and answer process.

We have structured the call to include time at the end to hear and answer some of your questions. Currently all lines are on mute. However, prior to the Q & A portion of the call, the operator will provide instructions on how you can indicate that you would like to ask a question. With this in mind, we suggest that you write down your questions during the call, and we will open the phone lines at the end of the CDC presentations. In the event your question is not answered on today's call, you may submit it to the FOA section of the chronic disease section of CDC's Web site. The address is www.cdc.gov/chronicdisease/about/pich. To submit a question, click on the link, "To submit a question, click here."

I will now turn it over to Dr. Bauer who will give us an overview of the program.

2. Overview of the PICH FOA: Dr. Ursula Bauer

Thanks very much Shannon. Welcome, everyone, to the call.

First, let me provide a brief overview of the approach CDC is using in this and 5 other funding opportunity announcements. The six FOAs we're releasing this month each contribute to the nation's chronic disease prevention and health promotion efforts. Together they form a mutually reinforcing set of activities designed to reach three overall goals:

The three goals are:

- Reduce rates of death and disability due to tobacco use by 5%.
- Reduce prevalence of obesity by 3%.
- Reduce rates of death and disability due to diabetes, heart disease and stroke by 3%.

All of the FOAs being released this month address the behaviors that put Americans at risk for diabetes, heart disease, and stroke. These are tobacco use, poor nutrition and physical inactivity. Many address the existing burdens of disease by focusing on management of chronic conditions such as hypertension and pre-diabetes. And they involve partnerships at the national, state, tribal or local level because public health can't solve these problems alone. With these funding opportunity announcements we have concentrated resources on key risk factors and major diseases that contribute substantially to suffering, disability and premature death.

Individually, each of the six new funding opportunity announcements contributes uniquely to the long-term goals in several ways:

- By working through unique awardees such as state health departments and national organizations.
- By delivering interventions to unique populations such as racial and ethnic minorities or populations with very high obesity rates.
- By emphasizing specific interventions such as health system improvements or environmental approaches.

- And by implementing interventions in specific places such as large cities or tribes. And by addressing specific risk factors, disease management strategies, or both—such as tobacco use, obesity, or high blood pressure.

The main purpose of this funding opportunity announcement that we’re discussing this afternoon is to provide support from CDC to improve health and help reduce the prevalence of chronic disease and related risk factors in communities. The strategies outlined in this FOA are aimed at reducing heart disease, stroke, diabetes, and obesity. These strategies include population-based strategies to reach large numbers of people, and targeted strategies to reduce health disparities experienced by one or more priority populations. This FOA requires an existing multi-sector community coalition that represents one of the following three designated geographic areas:

1. Large Cities and Urban Counties (with populations of 500,000 or more) and we plan to award 10-15 awards ranging from \$1 million to \$4 million.
2. Small Cities and Counties (with populations of 50,000-499,999) plan to award 15-20 awards in this category ranging from \$100,000 to \$1.5 million.
3. American Indian tribes and Alaskan Native villages and tribal organizations. We plan to award 5-10 awards ranging from \$100,000 to \$1 million.

The long-term goals of this funding opportunity announcement will contribute to:

1. Creating social and physical environments that promote good health for all.
2. Promoting health and reducing chronic disease through healthy diets and achieving and maintaining a healthy weight.
3. Improving access to comprehensive, quality health care services.
4. Reducing illness, disability, and death related to tobacco use and secondhand smoke exposure.

The activities and interventions supported by this FOA are from the center’s four domains, which are:

1. Epidemiology and surveillance.
2. Policy and environmental approaches.
3. Health systems interventions.
4. Community-clinical linkages.

The emphasis of this FOA is on policy and environmental improvements that address the following risk factors:

- Tobacco use and exposure.
- Poor nutrition.
- Physical inactivity.
- Lack of access to chronic disease prevention, risk reduction, and management opportunities.

Applicants will implement the population-based strategies across various settings (community-based organizations, healthcare, schools, and worksites) to increase access to healthier living for at least 75% of their jurisdiction’s population.

I will now turn the call over to Dr. Jack, the director of the division that is overseeing this FOA, who will provide you with an overview of the division.

3. Overview of the Division: Dr. Leonard Jack

Thank you, Ursula. We are so happy to have you on today's call, and we look forward to receiving many strong applications that will help advance the Division's goals in community health and the Center's work to prevent chronic disease and promote health.

The Division of Community Health, or DCH, is a relatively new division within the center. It was formally established in 2012.

The vision and mission of the Division of Community Health is to promote sustainable community action to improve and achieve health equity. The division's community-level work is grounded in three core principles:

- **The first is to maximize public health Impact**

Given the substantial human and economic costs of chronic diseases—and the challenges of limited resources and competing priorities—it is essential to optimize prevention efforts. The division aims to reach the greatest number of people with the greatest effect. To maximize public health benefits, DCH assists communities with building their capacity to develop, implement and sustain environmental improvements designed to reach the largest portion of the community.

- **The second is to achieve Health Equity**

The elimination of health disparities is a central focus of our work. Everyone should have equal opportunities to make healthy choices that allow them to live long, healthy lives, regardless of their income, education, racial or ethnic background, or other factors. Health disparities represent preventable differences in the burden of disease, disability, injury and violence, or in opportunities to achieve optimal health. DCH-funded initiatives address health equity by improving opportunities for health, particularly in communities with greater burden. DCH supports these efforts with a “twin approach” that couples population-wide interventions with targeted approaches.

- **And the third is to use and expand the evidence base**

DCH funding addresses the leading causes of morbidity due to chronic diseases. Priority is given to improving environments that support healthy eating, active living, reducing tobacco use, and clinical and community linkages. The evidence base varies across these topics; however, DCH is at the forefront of applying the best available evidence to spur local action, designing strong evaluation to further inform and build the evidence, and supporting dissemination of results.

DCH works with communities, tribes, tribal organizations, and governmental and nongovernmental partners to strengthen community-level efforts throughout the nation to help prevent disease and promote healthy living.

This cooperative agreement builds on the division's history of working with state and local governmental agencies, non-governmental organizations, and multiple sectors of the community to implement population-based strategies that address the greatest predictors of chronic disease (such as heart disease, stroke, diabetes, and obesity). You may be familiar with some of our prior programs:

- The Healthy Communities Program.
- Racial and Ethnic Approaches to Community Health, also known as REACH.
- Communities Putting Prevention to Work.
- And the Community Transformation Grants.

For more information about DCH, we encourage you to visit our Website at www.cdc.gov/nccdphp/dch. You can also find a link to the Web site on page 15 of the funding opportunity announcement.

I will now turn the call back over to Dr. Griffin-Blake to describe the funding requirements and its expected outcomes.

4. Funding Description and Expected Outcomes: Dr. Shannon Griffin-Blake

Thank you Leonard.

Funding will support implementation of evidence-based and practice-based strategies that address community gaps and needs identified within the last 3 years within a defined jurisdiction. Applicants will implement strategies and activities to address tobacco use and exposure, poor nutrition, physical inactivity, and lack of access to chronic disease prevention, risk reduction, and management opportunities. The strategies and activities outlined in the PICH logic model can be found on page 5 of the FOA. A few examples of the types of strategies to include are:

For tobacco- and smoke-free environments

- Increase the number of settings that have a 100% smoke-free policy.

For healthy food and beverage options

- Increase availability and affordability of healthy foods and beverages in institutional settings, worksites, workplaces, prisons, senior centers, childcare settings, and government facilities.

For physical activity

- Increase opportunities for physical activity in public settings through improved community designs and joint use agreements with schools.

For chronic disease prevention, risk reduction, or management

- Increase access to chronic disease preventive services and self-management programs, such as access to effective tobacco cessation programs, in worksites and community settings.

Again, these are just a few examples of the types of strategies to be included in a Community Action Plan, or CAP.

This funding is not intended for research or the provision of clinical care. A complete list of funding restrictions is found on page 35 of the FOA.

PICH outcomes are categorized as short-term, intermediate, and long-term. The responsibility for outcome measurement will depend on the outcome type, as described on page 7 of the FOA.

Examples of Short-term Outcomes include:

- Increased access to smoke-free or tobacco-free environments.
- Increased access to healthy food options and physical activity opportunities.
- Increased clinical and community linkages for chronic disease prevention, risk reduction, or management.

Examples of Intermediate Outcomes include:

- Reduced exposure to secondhand smoke.
- Increased daily consumption of fruits and vegetables.
- Increased use of community-based resources related to better control of chronic disease.

Long-Term Outcomes include the three overall goals that Dr. Bauer mentioned earlier:

- Reduced rates of death and disability due to tobacco use by 5% in the implementation area.
- Reduced prevalence of obesity by 3% in the implementation area.
- Reduced rates of death and disability due to diabetes, heart disease and stroke by 3% in the implementation area.

Applicants must be a member of or affiliated with an existing multi-sectorial community coalition serving their community, which may include representatives from businesses, schools, health care organizations, local health departments, community planning agencies, local housing authorities, agricultural extensions programs, civic organizations, park and recreation departments, faith-based institutions, and other community-based organizations.

The FOA requires awardees to implement infrastructure components such as staffing and financial management.

I will now cover specific requirements for your application.

Each applicant must prepare an application that demonstrates the following required elements:

1. **Staffing:** Awardees are expected to identify and maintain staff in sufficient number and expertise to successfully administer, manage, and monitor their award.

2. **Fiscal Management:** Awardees are expected to provide funding to appropriate local partners or entities committed to the PICH goals and the selected population-based strategies. They also are expected to have established procedures to track and report expenditures and to prepare required reports on the designated schedule.
3. **Community Action Plan:** Awardees are expected to develop and implement a Community Action Plan with evidence-based and practice-based strategies that will result in policy and environmental improvements by the end of the 3-year project period. The CAP should encompass a detailed work plan for the first year of the project period and a high-level description for the remaining two years. A template for the CAP is provided in Appendix C. The CAP should include policy and environmental strategies that impact at least 75% of the population in the jurisdiction, and a targeted strategy to impact priority populations experiencing a disproportionate risk of chronic disease or conditions.
4. **Coalitions:**
Awardees will maintain a functioning multi-sectorial community coalition to carry out the PICH strategies over the 3-year project period. Awardees will provide evidence that the coalition has been in existence for 2 or more years, successfully implemented local-level changes, and that the coalition has a wide representation of sectors familiar with implementing the selected PICH strategies.
5. **Performance Measurement and Evaluation:**
Awardees will track process and outcome measures and estimate the impact of their efforts. You will be hearing more about performance measurement and evaluation in the next portion of the call.
6. **Communication and Dissemination with the Public, Partners, and Stakeholders:**
Awardees will develop communication strategies to inform, educate, and empower people about health issues and PICH efforts. Awardees will also submit at least two success stories per year.

The Application Package will include the following components, as described in Section D of the FOA. The scoring criteria also are included in the FOA starting on page 37. Please be sure to read these sections carefully. Your application should include a section for each of the following:

- Table of Contents.
- Project Abstract Summary.
- Project Narrative.
- And a Budget Narrative. Please use the Budget Preparation Guidelines referenced on page 33 of the FOA when preparing your budget.
- Please note that the Letter of Intent is also due June 5, 2014.

I will now turn the call over to Dr. Soler from Division of Community Health's Research, Surveillance, and Evaluation Branch to describe the evaluation and performance measurement requirements of this FOA.

5. Evaluation and Performance Measurement: Dr. Robin Soler

Thank you, Shannon.

Applicants must provide an overall jurisdiction or community-specific evaluation and performance measurement plan that is consistent with the CDC Evaluation and Performance Measurement Strategy section of the FOA. Details on what must be described in the plan are provided on page 31 of the FOA.

Awardees implementing an innovative strategy should submit an outcome evaluation plan within 30 days after the CAP is finalized, as outlined in the reporting section of the FOA.

Please note that CDC may revise the existing requirements through an addendum to this notice, in which case a detailed explanation will be provided in the Notice of Award letter to successful applicants.

The Awardee Evaluation and Performance Measurement Plan will include at least three components; a fourth component is required for innovative strategies. Detailed information can be found starting on page 17 of the FOA.

- First, each awardee will provide to CDC, on a quarterly basis, data on overall progress toward meeting infrastructure and short-term outcome objectives, plus specific progress on milestones.
- Second, awardees will set targets—and then monitor progress towards these targets—on the number of people who have access to healthier environments as a result of the implementation of each awardee strategy.
- Third, awardees will assess the actual use of at least one healthier environment created as a result of their implementation of an intervention. This is required for all awardees regardless of funding level and must be completed before the end of the 3-year project period.
- Finally, to expand the evidence base for effective community strategies, awardees may implement innovative interventions. These awardees will conduct outcome evaluation to determine intervention effectiveness. An outcome evaluation template is provided in Appendix B.

In addition, awardees should use available data to measure intermediate-term outcomes, when possible. However, due to lack of adequate existing data in many communities, primary responsibility for measuring intermediate-term outcomes will rest in most cases with CDC.

Awardees should share their successes and lessons learned through the creation and dissemination of at least two success stories per year. By the end of year 3, select awardees will work with CDC and use their outcome evaluation data to develop a project summary for community leaders.

I will now turn the line over to Ms. Ewing, our Grants Management Specialist from our Procurement and Grants Office here at CDC to review application requirements, including a Letter of Intent.

6. Overview of PICH Application Requirements, and Letter of Intent: Dana Ewing

Thank you Robin.

Eligible applicants for this PICH FOA include:

- Governmental Agencies such as:
 - Local public health offices.
 - American Indian tribes or Alaskan Native villages.
 - Local Housing Authorities.
 - School districts.
 - Local transportation authorities.
- The eligible applicants for non-government Organizations:
 - Nonprofits with 501C3 IRS status (other than institutions of higher education).
 - Nonprofits without 501C3 IRS status (other than institutions of higher education).

Applicants are required to submit a Letter of Intent (LOI) as part of the application process to be eligible to apply for this program. Failure to submit an LOI will result in non-responsiveness, and the applicant will be prohibited from continuing the application process. Instructions for submitting the LOI are on page 29 and a template is provided in Appendix E of the FOA. LOIs are due by June 5, 2014. You may submit the LOI electronically no later than 5 p.m. to PICHLOI@cdc.gov.

The Letter of Intent must include:

1. FOA title and number.
2. Descriptive title of the proposed project.
3. Name, location, and total population of the designated geographic area in which the proposed project will be implemented.
4. Mission statement of the applicant.
5. Brief description of the experience of the applicant in preventing and controlling chronic diseases.
6. Name and brief description of the established coalition that will help plan, manage, and implement the activities to be conducted in the proposed project, including the date on which the coalition came into existence.
7. Brief descriptions of at least 2 projects, strategies, or significant community-wide activities related to preventing and controlling chronic diseases in which the coalition has participated.
8. Date and owner of the most recent community health needs assessment conducted in the designated geographic area in which the proposed project will be implemented.
9. Name, address, telephone number, and email address of both the proposed Principal Investigator and the Project Director. Names in the LOI must match those in the application.
10. Name, address, telephone number, and e-mail address of the primary contact for writing and submitting the application.

Applications are due on July 22, 2014, 11:59 p.m. U.S. Eastern Daylight Savings Time, on www.grants.gov.

Please remember that an organization must be registered at the three following locations before it can submit an application for funding at www.grants.gov.

- **The first is the Data Universal Numbering System or DUNS:** All applicant organizations must obtain a DUNS number. A DUNS number is a unique nine-digit identification number provided by Dun & Bradstreet (D&B). It will be used as the Universal Identifier when applying for federal awards or cooperative agreements. The applicant organization may request a DUNS number by telephone at 1-866-705-5711 (toll free) or internet at <http://fedgov.dnb.com/webform/displayHomePage.do>. The DUNS number will be provided at no charge. If funds are awarded to an applicant organization that includes sub-awardees, those sub-awardees must provide their DUNS numbers before accepting any funds.
- **The second is the System for Award Management or SAM:** The SAM is the primary registrant database for the federal government and the repository into which an entity must submit information required to conduct business as an awardee. All applicant organizations must register with SAM, and will be assigned a SAMs number. All information relevant to the SAM number must be current at all times during which the applicant has an application under consideration for funding by CDC. If an award is made, the SAM information must be maintained until a final financial report is submitted or the final payment is received, whichever is later. The SAM registration process usually requires not more than five business days, and registration must be renewed annually. Additional information about registration procedures may be found at www.SAM.gov.
- **The last is [Grants.gov](http://www.grants.gov):** The first step in submitting an application online is registering your organization at www.grants.gov, the official HHS E-grant Web site. Registration information is located at the "Get Registered" option at www.grants.gov. All applicant organizations must register at www.grants.gov. The one-time registration process usually takes not more than five days to complete. Applicants must start the registration process as early as possible.

See [Additional Requirement \(AR\) 12](#) for detailed guidance on this prohibition and [additional guidance on lobbying for CDC awardees](#). A link is provided on page 35 of the FOA.

The direct and primary recipient in a cooperative agreement program must perform a substantial role in carrying out project outcomes and not merely serve as a conduit for an award to another party or provider who is ineligible.

Cost sharing funds are strongly encouraged for project sustainability. We encourage applicants to describe their plans to access resources from non-Federal sources in an amount not less than 15 percent of Federal funds awarded to a Large City and Urban County and to a Small City and Small County awardee in Year 1, increasing by 5 percentage points every year, and ending at 25 percent by Year 3. American Indian tribes and Alaskan Native villages and tribal organizations may also share any plans to leverage other resources.

The Anticipated Award Date for this award is September 30, 2014. The budget period length is 12 months and

the project period length is 3 years.

Again, letters of intent are being accepted by email no later than 5 p.m. and, if submitting by express mail or US Mail and are due or postmarked by June 5, 2014. Application packages are being accepted via Grants.gov and are due by 11:59 p.m. EDT on July 22, 2014.

The websites I mentioned are all in the Funding Opportunity Announcement so don't worry if you were not able to write it all down as I was speaking.

I will now turn the call over to Ms. Gates from the Division of Community Health to facilitate a question and answer session.

7. Questions and Answer Session: Suzi Gates

Thank you Dana.

To the extent possible we will try to answer your questions on the call today. In the event that we are not able to provide an immediate answer, we will be posting all of the questions and answers from today's call on the FOA's Web site in the coming days. You should check that Web site frequently for new questions and answers. Before we go to the phones, I will read through some frequently asked questions that we have developed to assist you in your application.

1. Does this FOA replace Community Transformation Grants?

No. This FOA builds on CDC's 15 years of experience funding community health programs. PICH is a new **3-year** initiative to improve health and reduce the burden of chronic diseases. PICH is focused on population-based strategies that have been the focus of prior CDC-funded programs to include:

- 1.) Increase the number of people with access to smoke- and tobacco-free environments
- 2.) Increase the number of people with access to healthy food and beverage options
- 3.) Increase the number of people with access to physical activity opportunities
- 4.) Increase the number of people with access to opportunities for chronic disease prevention, risk reduction, or management through clinical and community linkages.

2. Is there a preference in this FOA for organizations that have received funding through DCH funded programs in the past?

No. This is a limited competition based on the eligibility criteria, strength of the application and the review/award process.

3. Which of the 3 designated geographic areas delineated in the FOA would a state or the US Affiliated Pacific Islands be classified to apply for?

PICH will provide funding to a variety of governmental agencies and non-governmental organizations, including school districts, local housing authorities, local Transportation Authorities, local public health offices and American Indian tribes and Alaskan Native villages to work through multi-sector community coalitions that represent one of 3 designated geographic areas:

- 1.) Large Cities and Urban Counties with populations of 500,000 or more.
- 2.) Small Cities and Counties with populations of 50,000-499,999.
- 3.) American Indian tribes and Alaska Native villages and tribal organizations.

An entire jurisdiction such as a state or territory does not meet the designated geographic areas identified in the FOA.

4. Is there a page limit for the project narrative?

Answer: Yes, the project narrative is limited to 25 pages, single spaced, Calibri 12 point, and 1-inch margins. All pages should be numbered. Content beyond 25 pages will not be considered. This 25 page limit also includes the applicant's work plan.

Please remember to keep questions generic to be of interest to the group. CDC will answer questions as they are able. Please know some questions might require more research. In this instance, we will also post the answers on the website.

I will now turn the call back over to Dr. Griffin-Blake.

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| 8. Closing: Shannon Griffin-Blake |
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Thank you for your interest in the Partnerships to Improve Community Health FOA. We have created a web site to submit questions and post their answers; the web address is www.cdc.gov/chronicdisease/about/pich. We hope to have the answers posted within 48 hours of receipt.

This concludes our call.